

ComputerLand®

Computerland
Village Corner
4546 El Camino Real
Los Altos, CA 94022
(415) 941-8154

SALES INVOICE

Nº 38561

CUSTOMER
NAME _____

TEL. (_____) _____
NO. (_____) _____

ADDRESS, _____
CITY, STATE, ZIP _____

Date Of Sale 9-13-80	Salesman's I.D. <i>Seder</i>	Method of Payment: <input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> CO. P.O.	<input type="checkbox"/> LAY-AWAY CLEAR	<input type="checkbox"/> FIN. CONT.
TERMS:		<input checked="" type="checkbox"/> CASH SALE	<input type="checkbox"/> CHG. SALE	<input type="checkbox"/> RE-FUND	<input type="checkbox"/> FIN. DOWN	<input type="checkbox"/> LAY DEP.	<input type="checkbox"/> OTHER ROA	REFUND DETAIL Ref. Inv. _____ Date _____
		<input type="checkbox"/> CASH REF.	<input type="checkbox"/> CHG. REF.	<input type="checkbox"/> REF.				

QTY.	STOCK NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	-	A2-FS1		25.00
	-	Flight		
	-	Simulator		
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			
	-			

ALL RETURNED MERCHANDISE MUST BE ACCOMPANIED BY THIS RECEIPT. RETURNED MERCHANDISE MAY BE SUBJECT TO REPACKAGING CHARGE UNLESS ORIGINAL CARTONS AND PACKAGING ARE RETURNED INTACT.
CUSTOMER SIGNATURE _____

SUB TOTAL	25.00
SALES TAX	1.63
TOTAL	26.63

X

CUSTOMER